

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

The state of the s	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5/3/	9 Ending Date: 6/10/19
Type of Report: (Check one)	
	930 day after election year-end report dissolution
- Mellat Tales Jir Fill - William	Committee to Elect Davien De Fazio Committee Name Ann M Fory Name of Committee Treasurer 45 South ST Graffen MA 01519 Committee Mailing Address E-mail: Annfoly 45 @ msn. com. Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	850
Line 2: Total receipts this period (page 3, line 11)	200
Line 3: Subtotal (line 1 plus line 2)	1050
Line 4: Total expenditures this period (page 5, line	(4) 637.50
Line 5: Ending Balance (line 3 minus line 4)	412.50 w
Line 6: Total in-kind contributions this period (page	(6)
Line 7: Total (all) outstanding liabilities (page 7)	175.40
Line 8: Name of bank(s) used: Home for	d Credit Union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in account of the committee of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box of Candidate with Committee of Lectury that I have examined this report including attached schedules and it is, to the best of the committee o	(Treasurer's signature) Only) est of my knowledge and belief, a true and complete statement of all campaign finance reduce with the requirements of M.G.L. c. 55.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this comparison.	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

SCHEDULE A: RECEIPTS

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

epore an receipts. r	rease incidue your committee name and a page	וועוווטפו טוו	each page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/21/19	Dunna K Stock Orafth OISIG	100-	
6/10/19	Milliam Medical Cle	, cc/	
Line 9: Total Rec	9: Total Receipts over \$50 (or listed above)	200 -	
Line 10: Total Re	Line 10: Total Receipts \$50 and under* (not listed above)		
Line 11: TOTAL	Line 11: TOTAL RECEIPTS IN THE PERIOD	- 11 1	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

		T 1			F-W-					1 1
Line 11: TOTAL I	Linc 10: Total Reco	Line 9: Total Rece								Date Received
TOTAL RECEIPTS IN THE PERIOD	Line 10: Total Receipts \$50 and under* (not listed above)	9: Total Receipts over \$50 (or listed above)								Name and Residential Address (alphabetical listing required)
0	0	6						10		Amount
← Enter on page 1, line 2										Occupation & Employer (for contributions of \$200 or more)

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

from committee records, and reported on line 13. detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

									5/13/19	Date Paid	conort all
						the state of the s				aid	avnandit
Enter on page 1, line $4 \rightarrow$									Smshihr Sig~ Co	To Whom Paid (alphabetical listing)	urae Planca includa vour comm
→ Line 14: TOTAL EXPENDITURES IN THE PE	Line 13: Total Expenditures S	Line 12: Total Expenditures							N. Grafter MA 01536	Address	report all expenditures. Please include your committee name and a page number on each page)
TURES IN THE PERIOD	Line 13: Total Expenditures \$50 and under* (not listed above)	12: Total Expenditures over \$50 (or listed above)								Purpose of Expenditure	each page)
63750		6375							637 50	Amount	or the state of

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

										Date Paid
Enter on page 1, line $4 \rightarrow$										To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Expenditures \$50 and under* (not listed above)	Line 12: Expenditures over \$50 (or listed above)		Transpar						Address
) (or listed above)								Purpose of Expenditure
										Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

added together from the committee's records and included in line 16 on page 1. Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be

			<u></u>	 	 P				
								4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Date Received
Enter on page 1, line 6 →									From Whom Received*
Line 17: TOTAL IN-KIND CONTRIBUTIONS	Line 16: In-Kind Contribution	Line 15: In-Kind Contributio							Residential Address
ND CONTRIBUTIONS	Line 16: In-Kind Contributions S50 & under (not listed above)	15: In-Kind Contributions over \$50 (or listed above)							Description of Contribution
									Value

of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. * If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

			Part of the state					51819	Date Incurred
								All Sparts Activeway	To Whom Due
				- Value of the second of the s				muccester, MA 01604	Address
								7-shirts	Purpose
(A)								175 %	Amount

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)